

Case Number:	CM14-0051700		
Date Assigned:	07/07/2014	Date of Injury:	05/26/2010
Decision Date:	08/29/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 44-year-old female who reported an injury on 05/26/2010 due to a lifting incident. On 02/05/2014, the injured worker presented with pain in the bilateral region of the neck and right shoulder, which radiated down to the shoulder and reported lower lumbar pain with lower extremity bilateral radiculopathy. Upon examination, there was palpable tenderness and hypertonicity of the upper trapezius, pain at the right lateral deltoid, supraspinatus, and anterior shoulder intertubercular groove. The injured worker had grade 3+/5 weakness to the right foot plantar and dorsiflexion. There was palpable tenderness over the calf and hypoesthesia noted within the dermatome areas corresponding to the nerve root levels at L5 and S1 bilaterally. The diagnoses were cervical disc with radiculopathy, bilateral rotator cuff syndrome, shoulder tendinitis, and lumbar disc with radiculopathy. Prior therapy included physiotherapy and medications. The provider recommended a TGHOT cream and Flurflex. The provider's rationale was not provided. The Request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Topical cream-TGHOT (Tramadol 8%, Gabapentin 10%, Menthol @5, Camphor 2%, Capsaicin 0.05%) 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The request for Topical cream-TGHot (Tramadol 8%, Gabapentin 10%, Menthol @5, Camphor 2%, Capsaicin 0.05%) 180 grams is not medically necessary. According to the California MTUS Guidelines, transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended, is not recommended. The Guidelines noted, muscle relaxants are not recommended for topical application. Capsaicin is only recommended for injured workers who are intolerant to or unresponsive to other treatments. As the Guidelines note muscle relaxants are not recommended for topical application, gabapentin would not be recommended for topical application. There was lack of evidence that the injured worker is unresponsive to or intolerant of other medications that would warrant capsaicin. In addition, the provider's request does not indicate the frequency or quantity of the topical cream or the site that it is indicated for in the request as submitted. As such, the request for Topical cream-TGHot (Tramadol 8%, Gabapentin 10%, Menthol @5, Camphor 2%, Capsaicin 0.05%) 180 grams is not medically recommended.

Furlex (Flurbiprofen 10%, Cyclobenzaprine 10%) 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The request for Furlex (Flurbiprofen 10%, Cyclobenzaprine 10%) 180 grams is not medically necessary. According to the California MTUS Guidelines, transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended, is not recommended for topical analgesics. The Guidelines note muscle relaxants are not recommended for topical application. Additionally, topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee or elbow or other joints that are amenable to topical treatments. Topical analgesics are recommended for short-term use, usually 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis for the spine, hip, or shoulder as the Guidelines do not recommend the use of muscle relaxants and cyclobenzaprine. There was lack of evidence the injured worker has a diagnosis that was congruent with the Guideline recommendation for topical NSAIDs. The provider's request does not indicate the quantity or frequency of the Flurflex or the site that it is indicated for in the request as submitted. As such, the request for Furlex (Flurbiprofen 10%, Cyclobenzaprine 10%) 180 grams is not medically necessary.

